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HEALTH AND LONGEVITY OF MISSIONARIES IN INDIA.

[Communicated for the Boston Medical and Surgical Journal.]

[THE following article was written by Dr. O. R. Bacheler, of the Free-Will Baptist Mission in India, by request of his colleagues, and its sentiments adopted as their own. Dr. B. is an American, and was brought up, we believe, in one of the Northern States. His experience in the important matter of which he treats is valuable, and his paper will be perused with interest by the readers of the Journal.]

The average length of missionary life in India has been estimated at five years. This estimate was probably made when the country was in a more unsettled state, and the comforts enjoyed by new comers were far less, than at present. It is but just, therefore, to consider this as rather too low for the present time. Still it is a melancholy fact that a very large number of missionaries, the hope of the church and the ornament of the mission cause, either end their toils with their lives, or are driven from the field of their anticipated labors by diseases incident to the climate, within a short period after their arrival in the country. Others still struggle on in precarious health, subject to severe and long-continued trials, with, of course, but a limited amount of usefulness. It becomes us, therefore, divesting ourselves of all prejudice, to consider dispassionately, in the light of enlightened science and religion, the causes which tend to produce this melancholy result.

We propose, in this paper, to consider—

First, The causes which tend to produce a diminution of health and longevity, operating indiscriminately upon all.

Secondly, To consider some causes which tend to produce this effect on new comers.

Thirdly, Some causes incident to females.

Fourthly, Causes somewhat miscellaneous, illustrated with some examples.

And, finally, To offer some recommendations for the better preservation of health.

First, then, we notice some of the causes which tend to produce a diminution of health and longevity, operating indiscriminately upon all.

1. First among these we may mention change of climate. It appears to be a prominent law of nature, which obtains throughout both the animal and vegetable world, that the country of one's nativity cannot be

exchanged with impunity. Vegetables that thrive luxuriantly in their native soil, no sooner become exotic than great care and labor are necessary to enable them to support even a sickly existence. Animals so far regard this law, that they never voluntarily leave their peculiar localities; and when transported from their native climate, without great care soon sicken and die. But man, endowed with reason and provided with the means of adapting himself to his varied circumstances, suffers far less than either of these; yet to a certain extent he must suffer. And although he may call to his aid innumerable alleviating circumstances which may enable him to provide against many of the obnoxious influences to which he is exposed, still an essential law of nature has been violated, and he cannot expect to escape with impunity.

2. Change of diet may be mentioned as another of these causes. It could not be expected that in a land the antipodes of our own, articles of food should be obtainable possessing the same properties as those to which we have been accustomed. Even the wheat and potatoes of India are essentially different in their qualities from those of northern climates. The tendency of all exotics is to degenerate—and he that seeks to obtain in tropical climates food that will sustain his system as well as that of his native land, will seek in vain. Although these difficulties are felt most severely by the new comer (and during the first few months they will prove a serious annoyance), still they must continue to affect him more or less through his whole course. But that admirable provision of nature which enables all to adapt themselves to their circumstances, comes to his relief, and after a few years, or perhaps months, he learns to consider these difficulties as among the least of his trials.

3. Change of habits may be mentioned as another of these causes. Many missionaries have been accustomed to active habits at home, and their labors in this country often require long and close confinement. The extreme heat, also, confines them within doors a considerable portion of the time, and the exhaustion induced by it incapacitates them for exertion when able to go out. There must be, therefore, to a certain extent, a change in their customary habits, and this may exert an unfavorable influence on the health.

4. Depression of spirits, incident to the work in which he is engaged, may be considered a prominent cause of ill health. The trials occasioned by intercourse with a people so perverse as the Hindoos, are to a sensitive mind by no means trifling. Their indolence and dishonesty, imbecility and ingratitude, are fruitful sources of annoyance. The object for which the missionary has left his highly favored land and submitted to a voluntary exile from home and friends, is that he may be instrumental in saving some of his fellow men from temporal degradation and from future misery. So long, therefore, as the work prospers in his hands, he is happy; and however great his sacrifices may have been, he counts them of little consequence if he can but win souls. But when his peace is disturbed by so many discouraging circumstances, when converts to christianity are so few and feeble, and the opposition experienced from various

sources is so formidable, melancholy feelings often arise, and these have an important influence upon health.

Another fruitful source of depression of spirits is want of society. It often happens that missionaries are far removed from each other, and deprived of the blessings of social intercourse, and the converse of kindred spirits. True he may generally find society among the people with whom he labors; but the distance he is removed from them, both morally and intellectually, precludes the possibility of intellectual companionship. He may benefit them, but they cannot improve him. He may impart, but he cannot receive. The mental exhilaration flowing from the intercourse of kindred spirits, "the feast of reason and flow of soul," he can never expect among them. Loneliness, intellectual loneliness, though often imperceptible in its influences, will necessarily exert an influence upon the depressing passions, and these more or less upon health and longevity. Solomon seems to have been aware of this influence of the passions when he says, "a merry heart doeth good like a medicine, but a broken spirit drieth the bones." "The days of the afflicted are evil, but he that is of a merry heart hath a continual feast."

Second, we proceed to notice some of the causes which have a tendency to produce a diminution of health and longevity peculiar to new comers.

1. To a person just arrived in a tropical climate, exposure to the sun is a prominent cause of ill health. He is apt to make his own feelings the criterion by which he judges of its influence on his system, than which nothing could be more deceptive. With his northern blood still coursing in his veins, and with that glow of health which his native climate has imparted, he often possesses a peculiar feeling of security; and while he is sensible of no immediate effects of exposure, he fancies he is safe. Others, he admits, may have suffered and fallen early victims to such exposure, but he feels that he has some superior strength of constitution which will exempt him from like consequences. This often proves a fatal error; and when the effects of such exposure are not immediately experienced, a train of unhappy consequences may be induced, which expose the system to the inroads of disease and can never be fully eradicated. Could we become acquainted with the history of those who have come to India with firm constitutions and flattering hopes, who have nevertheless fallen early victims to the climate, we should no doubt be astonished at the number of those who had perished in consequence of unnecessary exposure to the sun.

2. Another cause of disease incident to new comers, is improper diet. Several months' confinement on board ship is apt to give one an appetite. To him who has just left the sumptuous fare of the north, where nature has yielded of her abundance for the gratification of the appetite, with longings for his accustomed food still urgent, there is something in the fare he will meet with here that will sorely disappoint him. Insipidity is a striking characteristic of many articles of Indian food, both animal and vegetable, and these by their contrast will strongly remind him of the good things he has left at home. Turning in disgust from the better part of

these, he seeks to gratify his vitiated appetite by indulgence in tropical fruits, of which he has formed a high opinion; the specimens he has met with in his own country serving to corroborate that opinion. Here, too, he is doomed to disappointment; and after trying a variety of these, at improper seasons and in improper quantities, perhaps, he turns in disgust from most and is satisfied with none. His appetite is often capricious, which leads him to indulgence in a variety of useless trash, in immoderate quantities, which do not yield to the system its necessary support, but only render it liable to disease. Such indulgence is often a fruitful source of cholera, diarrhœa and fever.

3. A disregard of the principles of hygiene, as it regards exercise, bathing, &c., is often a source of disease to the new comer. The period of one's acclimation in a tropical climate, is a critical one. Yet it often happens that at this period he is least attentive to the laws of health. The excitement of the varied scenes of a new country often leads him to forget himself, and rush rashly into danger, to his great detriment in after life. It often happens that he has not learned, or, if he *has*, that he neglects to avail himself of the great advantages of bathing on his first arrival. The advantages of the bath in India are incalculable. It cools and quiets the over-exerted system, equalizes the circulation, and enables the skin to act as a safety valve to relieve the body of its super-abundant waste, which would otherwise generate disease.

Regular and active exercise is also too often neglected. It may not have been found necessary at home, why should it be so here? Yet this is a serious error. Exercise *is* necessary, almost absolutely so, and if a person would pass safely the period of acclimation and enjoy health in India, he should by no means neglect to take regular exercise, bathe daily, and attend strictly to all the laws of hygiene.

Thirdly, we propose noticing some of the causes which tend to diminish health and longevity, operating particularly upon females.

The proportion of deaths among females is considerably greater than among males—and this greater mortality among females holds good, also, in other classes of society. This remains to be accounted for on some other principle than that of exposure, since the peculiar duties of females require their confinement for a greater part of the time within doors. But there are other causes which tend to produce disease, peculiar to their sphere of labor.

1. Prominent among these may be mentioned household duties, which bring them much in contact with native servants, hence subjecting them to a great amount of annoyance. Ladies generally are far more susceptible to the influence of the depressing passions than the other sex, and nothing tends so much to excite these as the unceasing irritation and annoyance continually experienced from native servants. The stupidity, indifference, and imbecility, so constantly met with, fail not to ruffle and irritate the calmest spirit. And where a cheerful mind is so essential to health, this continued disturbance of the kindlier sensibilities of the soul cannot fail to be seriously detrimental to the healthy exercise of the physical powers.

2. Maternal duties often exert a deleterious influence on the health of females. The care and anxiety attending the duties of the mother, and especially *nursing*, often exert a powerful influence in prostrating the powers of the system, and rendering it liable to the inroads of disease. An opinion prevails extensively among the higher classes of Europeans in this country, that the mother cannot generally nurse her own offspring with safety; consequently they usually employ native nurses. Such a course is often shocking to the feelings of the sensitive mother, and she frequently prefers risking her own health, rather than see her tender babe drawing its life-sustaining nourishment from the breast of a debased menial. The number of female missionaries who have suffered severely from the influence of, or have fallen victims to maternal duties, is by no means small. Yet we believe that this evil is susceptible of great alleviation, and that with proper care and management the duties of the mother may generally be performed without material detriment to health. But where such duties cannot be thus performed, the safety of the mother should take precedence of all other considerations.

Fourthly, we were to consider some miscellaneous causes, which tend, under certain circumstances, to militate against health and longevity, and to illustrate the same with cases where such are available.

1. Under this head may be mentioned capriciousness of appetite, which leads to indulgence in improper food in undue quantities or at improper seasons. One case has come under our notice, where health was seriously impaired by such indulgence. Pastry of every description, fruits in all their varieties, preserves, &c., were always acceptable, and were often eaten indiscriminately at all hours of the day. Such a course, as might be expected, did not fail to induce disease and undermine the constitution.

2. The use of tobacco often appears to have a deleterious influence on health, when indulged in immoderately. Smoking is very general among Europeans in this country, and many missionaries, under the impression that it serves to prevent the influence of malaria, have become accustomed to its use. Though many indulge in it without any perceptible ill effects, yet there can be no doubt that when used to excess it often proves seriously injurious. We have known two or three cases where strong constitutions have been broken up, and the sufferers compelled to leave the country, without any other perceptible cause than the immoderate use of tobacco. Its tendency is to relax the nervous system, debilitate the powers of life, and induce disease of the alimentary canal. The particular form of disease assumed in the above cases, was chronic diarrhœa, which required a long sea voyage to remove.

3. A neglect of bathing appears to be productive of ill health. We wonder that, where this is habitual, good health should in any case be enjoyed; and it is a source of surprise that any should neglect an exercise so essential to cleanliness, and at once so agreeable to the feelings and beneficial to health. Yet, we regret to add, that some do neglect it and suffer in consequence. One or two cases might be mentioned, where permanent ill health was apparently induced, in part, if not entirely, by such neglect.

4. Neglect of exercise appears to be a fruitful source of disease. To live well in India, a man must take active exercise—it is essential to his healthy existence. It matters little what that exercise consists in, provided that the muscles of the body are brought into play at the same time that the mind is relieved and interested. Active labor, walking, riding, athletic exercises of almost any description, are all powerful auxiliaries to health. It is a well known fact, that military men, engineers, surveyors, &c., whose employment requires a great amount of exercise, notwithstanding their constant exposure in the open air, are more healthy than any other class of society. Additional remarks on this subject seem almost superfluous. Still there are many who neglect exercise, to their serious detriment. This is peculiarly the case with those whose labors confine them much to the desk, and who consequently require more than many others.

5. Improper diet is often a source of ill health. In country stations it is often difficult to supply one's table with proper food. This is an evil which admits of a remedy to a considerable extent, by some little management and expense; but where it cannot be remedied it should be endured as one of those necessary evils to which the resident in a strange land is often subject.

6. The want of medical assistance is sometimes found to be a serious evil. It is the lot of some to be located in country places, where the services of a physician are not available. To obviate this difficulty, care should be taken to locate first in more populous regions, where such services are generally available. Populous towns afford a better opportunity for missionary labor, and the advantages they possess over country stations are neither few nor small.

7. Improper dwellings often prove a source of disease. In this part of the country board floors or ceilings are unknown. The walls and floors are invariably constructed of brick or mud, plastered with lime. The great number of white ants, which insinuate themselves everywhere, and annihilate everything of a less indestructible nature, render this manner of building indispensable. These, especially in low situations serve as a receptacle for moisture, which does not fail to exert an unfavorable influence. Care should be taken, therefore, that a dry and elevated location should be selected, and the dwelling erected on a plan that would secure exemption from the cold and moisture, as well as from the heat. Well-ventilated rooms, with their foundations properly elevated, will generally secure these objects.

Other causes of minor consequence might be mentioned, which exert an influence on health, to a certain extent; but these will be found to be of the most importance.

Finally, we propose to offer a few recommendations for the better preservation of health.

1. On the subject of diet, a diversity of opinion prevails at home. Some advocate a generous animal diet, while others contend that a purely vegetable one is best adapted to the preservation of health in a tropical climate. The writer of this article came to India with strong predilections in favor of the latter, but after a short period of trial was constrained to

adopt a mixed diet, on account of the difficulty of obtaining proper vegetable food. Experience shows that neither a strictly vegetable nor animal diet is best adapted to the preservation of health, but a generous substantial one, either animal or vegetable. We have an illustration in point. It is well known that the Hindoos of the lower provinces of Hindostan, whose diet is principally vegetable, are small, effeminate and short lived; while the Mussulmans of the same region, who employ considerable animal food, are a stout, athletic and more healthy race. But the Hindoos of the upper provinces, whose diet is still more exclusively vegetable, are more vigorous, robust and healthy than the Mussulmans. The cause of the difference obviously is that the first subsist principally on rice, the second on a more generous diet, animal and vegetable, while the latter make use of wheat and the various productions of more temperate regions, more varied and generous than either of the others, though almost exclusively vegetable.

After what has been said, this part of our subject requires but few additional remarks. The art of preserving health in India, as in almost every tropical climate, may be stated in almost a single sentence. A substantial diet, such as will afford gratification to the appetite, and at the same time supply the waste of the system; a dry and airy habitation; active exercise, that will afford exhilaration to the mind as well as the body; habits of cleanliness, which cannot be secured without daily bathing; a cheerful spirit, enlivened, so far as circumstances will admit, by social intercourse; and last, but not least, an active faith and firm reliance on the benevolent bestower of all good, without whose blessing all other efforts must prove abortive, cheered by the hopes, the blessed hopes and consolations of the Gospel—these are the means which reason and experience have pointed out for securing health and longevity. When the great principles of physiology shall come to be thoroughly understood and acted on by all, then we may expect that the great mortality which has prevailed among missionaries ever since the commencement of the enterprise in modern days, will be greatly diminished, and health and long life will be the portion of those who have voluntarily exiled themselves from home and kindred, to become pioneers in the onward march of christianity, to bring glad tidings and publish peace to the perishing children of men.

Balasore, Hindostan, July 31, 1846.

CASE OF RETENTION OF URINE, CAUSED BY CANCER OF THE PENIS—OPERATION—CURE.

By A. B. Shipman, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

The following case occurred to Dr. Wm. F. Cooper, of Miles, Cayuga Co., a few weeks since, and I am induced to report it as possessing some features of rather a novel character. The subject of the disease was an

old man, by the name of James Carpenter, æt. 70, yet had always been healthy up to within eighteen months. He had led, for the last fifteen years, a wandering, vagabond life, leaving a wife and family to provide for themselves. He was five years with the Wyandot Indians, and the balance of the time going from place to place, picking up a scanty subsistence; but, so far as the story of the old sinner can be credited, and public report also, licentiousness has not been one of his besetting sins. I make these remarks for the purpose of doing away what was prevalent in the neighborhood, viz., a belief that his afflictions were the result of a violation of the seventh commandment. His story was this—that two years ago a small warty excrescence appeared on the prepuce, which was sore and itchy. This eat away slowly, when, six months ago, it had destroyed the prepuce and glans penis. This was followed by a diminished stream of urine, so that he did not fully empty the bladder at any time. About four months ago an ulcer came on the dorsum of the penis, about the middle portion. This eat down to the urethra, and the urine found its way with great difficulty through this opening. This ulcer was of the size of a York shilling, ragged, sloughy, with inverted edges, and was excessively painful. The pain was of a sharp, lancinating kind, and had always been so from the beginning of the first sore. Dr. Cooper, on seeing the case, and ascertaining that the bladder was constantly full, and what urine escaped was forced out in a dribbling manner, and finding no means of removing this with a catheter, as the openings in the urethra were nearly closed by the disease, proposed a consultation. On visiting him and making an examination, I found him as has been described. A most intolerable fœtor filled the house, notwithstanding the utmost care at cleanliness. Remains of penis hard as cartilage, almost to within three fourths of an inch of body. The old man's general health was good, and he was vigorous for one of his years. His distended bladder gave him much pain; the tumor rising high as the umbilicus; no urine passed beyond the ulcer on top of penis. A fine probe could not be made to pass into the urethra. I gave it, as my opinion, that the disease was cancer, and that an operation of removing the penis was all that offered any relief. This opinion Dr. Cooper concurred in fully.

While Dr. C. retracted as much skin as he could, with a straight bistoury I removed the penis within a quarter of an inch of the body. It bled profusely, six arteries requiring ligature. The patient made water freely in a fine large stream, which gave him great relief. A catheter was placed in the bladder, and we found skin enough to cover nicely the stump of the penis. The penis was diseased to within half an inch of where it was cut off; the urethra impervious, and the penis of a scirrhous hardness. The patient has recovered perfectly.

Cortlandville, N. Y., October 27, 1846.

TUMOR OF THE THYROID GLAND SUCCESSFULLY EXTIRPATED.

By Otis Hoyt, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Hannah Smith, of Mason village, N. H., aged 30, dark skin, black hair and eyes, thin in flesh, otherwise healthy. The tumor first made its appearance about five years since. The growth has been very slow until within the last year, during which time it has grown rapidly. It is situated on the left side, extending as low as the sternum and to within half an inch of the os hyoides, and from a little beyond the median line of the trachea, extending under the sterno-cleido-mastoid muscle. It now impedes respiration and deglutition to such an extent as to make her desirous an attempt should be made to remove it. After stating to her all the dangers attending such an operation, she still insisted on its being performed.

On the 13th of August, 1835, I proceeded to do the operation, as follows. The patient was placed in a chair, her head turned a little to the right side and supported by an assistant. An incision was commenced at the upper and middle part of the tumor, and extended to the sternum through the integuments. This brought to view the platisma myoides muscle, which was next carefully divided. The sterno-hyoid and sterno-thyroid were found passing over it, and were next carefully separated and held aside. I then made an attempt to separate the tumor from its lowermost attachment, which was very readily accomplished. The dissection was then continued upwards on the inner border and the tumor found firmly adhering to the trachea, requiring considerable careful dissection to separate it. It then dipped back and was attached to the œsophagus for the space of an inch and a half. These last attachments were removed mostly with the handle of the scalpel. In following the tumor backwards, I found it attached for the space of two inches to the sheath of the carotid artery, internal jugular vein and par vagus. The patient was now apprised of the danger of this part of the dissection, and the necessity of remaining perfectly quiet. The attachments at this part were carefully removed, mostly with the handle of the scalpel, although there were some points which could not be accomplished without the knife. Lastly, I proceeded to dissect the superior attachments, which were found firm and almost cartilaginous, in doing which the superior thyroid artery was divided and bled furiously, and could not be got hold of in consequence of its retraction; the hemorrhage was arrested by the actual cautery. The inferior thyroid was secured by torsion early in the operation. The tumor was now completely removed, leaving a wound about four and a half inches long, which was closed by two points of interrupted suture and adhesive straps, a light compress and loose bandage. The patient was now conveyed to bed, very much exhausted and faint, of which however she soon recovered. She was put on low diet, and perfect quiet enjoined. In twenty-four hours she complained greatly of difficulty and pain on attempting to swallow. The wound assumed a red and angry appearance; skin dry and hot; tongue white; pulse averaging from 90 to 100, and hard.

She was bled to eighteen ounces, and six leeches were applied to the neck. Gave her one ounce of sulph. mag., and after the leeches were removed applied a poultice to the wound. From this time the symptoms all began to improve, and on the third day healthy pus was abundantly discharged, and in twenty-seven days she was discharged as well.

The appearance of the tumor previous to the operation was elastic, a little lobulated, not discolored on the surface, and no pulsation. On viewing it after its removal, the external covering was about the natural color of the gland, perhaps a little darker. On cutting into it, envelope was found of a tough fibrous texture, and the interior contained three distinct cells, filled with a black matter about the consistence of tar, and nearly as tenacious. The upper part had assumed a cartilaginous hardness.

Since the above operation, I have seen a very similar one, in almost all of its details, in Dr. Warren's excellent work on tumors.

DR. MURPHY'S LECTURES ON MIDWIFERY.*

(Communicated for the Boston Med. and Surg. Journal.)

This is an excellent work. It ranks with those with which Lea & Blanchard, the Langleys, Ticknor of our own city, and others, have so largely enriched the profession. These enterprising publishers have not confined themselves to one department of medicine. They have also given us exceedingly valuable works in every other, and thus made tributary to the profession here, the most important portions of the medical literature of Europe. They have employed our own distinguished physicians to prepare for the press the foreign work, and have so added such local value to it, as the introduction of what may be at all peculiar in our pathology or therapeutics, is calculated to do.

The work of Dr. Murphy is commended to us by the position and rich practical experience of the author. He has been taught in excellent schools, and his relations to Mr. Carmichael are guarantees of the practical value of what he may put forth. His work is comprised within limits which will not exhaust while it improves, and is not so expensive as to make it a very serious question whether it shall be bought or not. It consists of thirteen lectures, on very important matters; embracing, in short, what it behooves every practitioner to know, and to know thoroughly. It will require careful study, and this is its best commendation. Read, for instance, the first four lectures. They describe the *pelvis* and the *mechanism of labor*. This last named subject is admirably treated, not indeed in so much detail as by some other writers, but sufficiently so to reward diligent study. This subject is the most important in midwifery literature. It is the philosophy of midwifery, and no man can so know this branch of medicine as to be prepared for all its emergencies, or its commonest duties, unless he does know thoroughly the

* Lectures on Natural and Difficult Parturition. By Edward William Murphy, A.M., M.D. Professor of Midwifery in University College, London, &c. Epea Pteroente. New York: Samuel S. & Wm Wood, No. 261 Pearl St. 1846.

mechanism of labor. Dr. Murphy's book, if not large, demands serious study, and with this will accomplish much to advance midwifery knowledge.

The remaining lectures are on the practical application of the principles so admirably pointed out in the first. The author has omitted nothing which is really useful in midwifery practice, and we were glad to find he would teach so humble an office as making a bed. W. C.

Boston, November, 1846.

ORTHOPEDIC SURGERY IN BOSTON.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I have noticed in your paper an advertisement of Drs. Brown, of this city, for the cure of deformities; and, *unsolicited*, I wish to say a few words concerning the very great advantages which Dr. Buckminster Brown has enjoyed in his studies in Europe. Having been received with the greatest favor by Dr. Little, the founder of the Royal Orthopedic Hospital, he was enabled to pursue his studies there under auspices such as few can ever enjoy. Constantly either at the house or at the institution of Dr. Little, he became thoroughly acquainted with all the operations and practices made use of by him, in the cure of deformities. Having finished his studies in England, he was received as a friend by MM. Guerin and Bouvier, the most distinguished orthopedists in Paris, both of whom are directors of large establishments. Thence he went to Germany, and was received in the kindest manner by Stromeyer, who was the original proposer of the new method of curing deformities. Having during his studies seen from one to two hundred patients daily, and having enjoyed the friendship and confidence of the most distinguished orthopedists in Europe, Dr. Brown has returned fully prepared for his profession, more fully indeed than it is possible for any one to be who has not enjoyed so great advantages.

Dr. J. B. Brown has for many years conducted, with singular success, an institution on the plan of those in Europe. He has now the assistance of his son, thoroughly aquainted with *every* branch of his profession, and especially with all the modern improvements in orthopedy. They have a complete set of apparatus, and an institution fitted for the purpose, with every convenience for exercise or repose. For the rich there is every comfort which could be found at home; for the poor, the most skilful treatment, and a gratuitous cure. J.

Boston, November, 1846.

BLEEDING FROM THE NAVEL.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—In reading Dr. Dewees's treatise on the Diseases of Children, on the 331st page is found the history of a case of bleeding from the navel,

which fell under his care, which was by him successfully treated, but which, after detecting the source of bleeding, was nothing more or better than the merest tyro could, and almost certainly would, understand. And with all my veneration for that man, I think he has never seen, or has totally neglected to notice, the accident in some of its worst forms, in which it has, and sometimes does, take place; and although such cases (in country practice especially), like angels' visits, are few and far between, yet a correct plan of treatment is all-important, and if the case and treatment, which I am now about to communicate, as falling under my own observation, does not interest all of your numerous readers, perhaps it may some of them.

On the 29th of January, 1836, I was called to attend Mrs. D., then in labor, which proved favorable, and she was soon delivered of a fine healthy female child; although rather small, it did perfectly well until February 1st, when I was called upon, and found it with a profuse hemorrhage from the navel, which seemed to proceed from the line of separation between the shrivelling cord and the navel. I thought that astringents might be of use, and I had recourse to a strong infusion of the nut-gall, solution of alum, acetate of lead, &c., and that I might keep it in close contact with the part I put cotton wicking around the cord some small distance out upon the abdomen, and I used as much pressure as I thought could well be borne. This seemed for a time to arrest the bleeding, but it would again return, seemingly with redoubled violence, and when I saw that all my feeble efforts were unavailing, and my little patient fast sinking, I had recourse to the following plan of treatment. I took a thin strip of gum elastic, stretching it very thin, and then took the cord between my thumb and fingers, and drew the navel so far out that I wound the gum elastic three or four times around it, and then tied a thread over the whole, by which means the bleeding was immediately and entirely arrested, and I had the satisfaction to see my little patient regain a good degree of health, which it retained until somewhat more than one year old, when it died of croup. Perhaps it may be said that the gum elastic might have been removed sooner than in four or five days; but as it seemed not to occasion any inconvenience, I thought I would let well enough alone. I preferred the gum elastic on account of its softness, elasticity and adhesive qualities. What gave rise to the bleeding I could not tell, but think it must have been from some rough handling which broke the feeble attachment which then existed between the shrinking cord and the navel.

DANIEL HUNTINGTON.

Rochester, Vt., November 2, 1846.

HOMŒOPATHY IN EUROPE.

[Communicated for the Boston Medical and Surgical Journal.

UNLIKE other new theories in medicine, homœopathy has not darkened the world with a hoard of senseless and illiterate charlatans; but on the contrary homœopathic physicians are generally from among the well-edu-

cated of the allopathic school, who have adopted the new system of practice, from the honest conviction of its truth—which conviction is generally the result of pure experiment. Unfortunately, however, they are divided in opinion as to the degree of attenuation to which medicines should be reduced. The one prefers the pure tinctures, and the 1st, 2d and 3d degrees of strength; while the other attenuates his medicines to the 30th, the 100th, and even to the 800th dilution and trituration.

The Schnell Post, a German periodical published at New York, quotes the following paragraph from the Weser Zeitung, Germany, which will be read with great interest by every physician who feels any desire to investigate the doctrines taught by the distinguished Hahnemann, more especially after having read the report of the doings of a large number of homœopathic physicians at a meeting held a few months ago, in the city of Philadelphia, where the doctrine of high potencies was extensively discussed, and almost unanimously adopted as the only true method of treating disease. But the following will show in what estimation those opinions are held by some of the most eminent physicians of Germany.

"*Homœopathic Congress held at Leipsig, August 10th*, 1846. The annual public meeting of the Central Society of Homœopathic Physicians was held here to-day, it having been preceded yesterday by a secret one. The reason why the session of yesterday was secret is unknown to us. We do not think it could have been preparatory to the public meeting—at least that could not be perceived from anything that was done today. The public meeting was opened by the President, Dr. Hartmann, with a discourse on the present state of homœopathy, its progress and literature, to which he added an *a priori* but incomplete argument concerning the efficacy of high potencies. Much to the same purpose Dr. K. Muller, the second physician of the Charitable Infirmary of Leipsig, gave a statement of the continually increasing advantages of that institution during the last three years, and then in a long discourse he communicated a full account of the experiments and their results made in the institution, with the high potencies. The effect of medicines in high potencies, in about forty different cases, was shown by him; also a great number of experiments with low dilutions, which he had made, placed beyond a doubt the inefficacy of the former mode, especially after having stated the very careful manner in which these experiments had been conducted. This question seemed to be of great consequence to the Society; still they did not for obvious reasons determine upon a full discussion of it, though they communicated to each other numerous and most unequivocal cases in favor of low dilutions, and finally, from fear of precipitancy, came to the determination of making more experiments in the Infirmary with the pretended more powerful high potencies of another apothecary, and to make a statement of their effects at the next meeting. This step was a mere equivocation, as had been before shown by Dr. Muller, who had also given sufficient warning in his discourse of the danger of such mystification, as was manifested by the administration of these high potencies."

It is the opinion of some homœopathic physicians that, at the next

annual meeting of the above Society, which is to take place at Berlin, the doctrine of high potencies will be exploded as impracticable.

With the intention of curing diseases with smaller doses of medicine, Dr. C. F. Hoffendahl and Dr. David Thayer have opened a homœopathic dispensary at their rooms, at Boylston Hall, over Boylston market, where they will give gratuitous advice to the poor on Thursdays, from 3 to 4 o'clock, P. M. D. T.

A REJOINDER TO THE REPLY OF J. WOODRUFF.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—J. Woodruff, it seems, has, in a fit of chagrin, closed his illiberal and unprovoked attack upon me by a wholesale denunciation—"it does not, however, matter much," for no *honest* man will believe *it* to be *true*.

November 5th, 1846. William Ingalls, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 11, 1846.

Dedication of the New Medical College.—On Wednesday last, the new edifice near the Massachusetts General Hospital, in Grove street, in this city, was formally opened by an address from the President of Harvard University, who was particularly happy in his remarks upon the social position of medical practitioners, their duties, and their philanthropic exertions. The very convenient structure, now so far finished as to be in a condition to be used, and in which the medical lectures, the present season, have commenced under auspices exceedingly encouraging, was built partly by funds raised from the sale of the Mason-street house, and partly by subscriptions from gentlemen of wealth in Boston. The lot on which it stands, it should be remembered, was a gift from Dr. George Parkman. President Everett stated that the grant of the Legislature for building the old Medical College, for the accommodation of the medical department of the University, thirty years ago, was the last assistance the institution has received from the Commonwealth. Every person present must have been gratified with the observations of President Everett, clothed, as they were, in beautiful language. Dr. Hayward delivered the introductory lecture, which was replete with good sense and words of wisdom appropriately spoken. Having in past years published the introductory lectures of the professors, we hope to do so in this instance.

Great Men in Medicine.—Who are they? This is a question not unfrequently asked, and yet it is not easily answered. Every town and city has its eminent physician, and within the sphere of their acquaintance they are *the* oracles—the men for an emergency, on whom each community

relies for personal safety when overtaken by extraordinary sickness. There are the minor counsellors, to be sure, who are ordinarily sought in plain cases where the danger is not supposed to be imminent; but when the powers of life run low, and the fear of some fatal termination, not contemplated in the beginning, excites the neighborhood of sympathizing friends, there is a common centre of medical wisdom to which every eye is directed—the greatest man in medicine in the region; and however much he may be disliked in other respects, in the hour of family affliction he is the last hope. It is rare for society to acknowledge that any two practitioners of medicine are equals; one almost invariably has the pre-eminence in public estimation, whether deserving it or not; and he is the most skilful physician when the practice of the other fails to accomplish all that was anticipated. Villages, towns, the counties, and next, the cities, have each their bright medical focal point; and, lastly, every State in the Union acknowledges the existence, in its midst, of the most eminent physician in the Commonwealth, whose authority is above all other medical voices. And yet there is still another order of medical autocrats, supposed to be superior to all these, and their superior dignity depends upon the fact that they are at a distance, like the sun, and not approachable at all. Their influence either depends on the representations of travellers, or their own activity in authorship.

Reference is invariably made to higher and weightier tribunals of opinion, even by physicians themselves, and this has taught the people to do the same thing. Still the question remains to be answered, who are the great men in medicine? Although local influence, the regard of friends, the sycophancy of others who expect to be benefited by praising those they actually dislike, pecuniary independence, devotion to the interests of patients, and the honor of being the originator or abettor of some new heresy in practice, may add to the fame of an individual, the idea of a great man in medicine is not realized by the possession of these. He who abandons allopathy, and makes the welkin ring with his enthusiasm in the belief and practice of homœopathy, hydropathy, or any other new device for keeping the people impressed with a belief that they are receiving no benefit from physic, unless they take it in some new form and under a new name, are not the great men of medicine, however much some may be disposed to show that the abandonment of one theory is a great cause of glorification, provided another is adopted of a later pattern. Is the promulgator of a new doctrine in medicine the great man? A question arises very naturally here, who has been so fortunate as to have made a discovery worth publishing to the world? That the learning and industry of professed medical authors is an indication of originality in every instance, would be an absurd proposition.

If, then, the changelings in practice, the gormandizers of new theories, the idols of influential, self-interested friends; the complacent, flexible philosophers, who never say no, where there is a possibility of regretting it at a future day; the literary cormorants, over-loaded with the suggestions of other minds; dyspeptic pulse feelers, who address themselves to the delicate caprices of sickly intellects; and the authors of large books, are not really the great men in medicine, who are? We would briefly answer, those who honestly and studiously investigate the laws of human life, with a view to lessening the amount of physical suffering; those who

study the character of diseases, and seek diligently for their remedies; those who are above selfish considerations in prescribing for such as seek their advice in the hour of sickness; those who recognize the obligation that imperiously requires a physician to maintain an honorable intercourse with his professional brethren, to discharge the duties of a good citizen, to sympathize with the afflicted, and on every occasion to do as he would have others do for him. The physician who lives up to this simple, but golden standard of moral excellence, though he may not be sought after from a distance, must be respected, and will die lamented—and he, alone, is truly the great man in medicine in every country.

Copland's Dictionary.—Reference has been so frequently made to this work, one way and another, for so many years, that the medical public is probably more familiar with the title than the text. However, it gives us pleasure to announce the publication of Part XVII., Harper's edition, edited by Dr. Lee. Where the nine preceding ones are, is a question, not having seen them. If any of the Boston booksellers have them safely packed away, to our address, they will be doing a special favor to send them to this office.

Swedenborg on the Brain.—A few weeks since, the Royal Academy of Sciences at Stockholm, loaned to an association in London, an interesting philosophical and scientific manuscript left by that extraordinary man, Swedenborg, on the human brain. The third chapter is exclusively devoted to the consideration of diseases, seriatim, forming a distinct body of curious philosophical pathology. This, with some other papers never before published, is to be translated by that eminent scholar, Mr. Wilkinson, whose version of Baron Swedenborg's Animal Kingdom met with the favor of all good judges. There are tracts, also, on *animal spirits, sensation, the origin and propagation of the soul's action,* and the *harmony subsisting between the soul and the body.* His opuscula, being the smaller scientific tracts, are in the process of being translated by Mr. C. E. Strutt, a gentleman of the medical profession.

The prodigious mass of matter prepared by Swedenborg, much of which has never yet been translated, added to the series of volumes now turned into the English language, is absolutely marvellous. When and how it was possible for one individual to have written so much and so well, on almost as many different subjects as there are chapters, we cannot divine.

Vermont Medical Society.—The Vermont Medical Society lately convened for their annual meeting, agreeably to the by-laws. The delegates of the Woodstock and Castleton Medical Colleges made report of the high standing of these schools, and recommended them as worthy of the confidence of the people and profession.

Elected the following officers for the year ensuing, viz.:

James Spaulding, Montpelier, *President;* Shubell Converse, Norwich, *Vice President;* Z. P. Burnham, Montpelier, *Recording Secretary;* J. A. Allen, Middlebury, *Corresponding Secretary;* J. Y. Dewey, Montpelier, *Treasurer.*

Drs. Charles Hall, C. W. Horton, A. G. Dana, and Dyer Story, were appointed delegates to attend the National Medical Convention at Philadelphia, in May next.

Horace Eaton, of Enosburg, and S. W. Thayer, Jr., of Northfield, were appointed delegates to the Castleton Medical College; E. C. Worcester, of Thetford, and Horace Hatch, of Burlington, were appointed delegates to the Medical College at Woodstock. Voted to hold a semi-annual meeting at Castleton in June next, at the close of the spring term of the school. Horace Eaton and S. W. Thayer, Jr., were appointed orators at the semi-annual meeting.

Literary Cannibalism.—A Journal called the Western Medical Reformer, supporting what is denominated the *reformed practice*, or Beachism, is in labor just at this period, with a terrible review of the Thomsonian theory! With what inflamed eyes the two monsters must look at each other. Happily for the peace of that portion of the world inhabited by their disciples, the earth has not been shaken by their party violence against each other, or their combined efforts to break down all order in studying into the nature of diseases and the remedies by which they are controlled.

Quackery at the West.—A correspondent in Cincinnati, some time since, furnished us the following particulars respecting one of the many quacks who infest that growing city. The letter was mislaid, and the account has therefore not been published before.

"Our thriving city can probably boast of as great a *variety of quacks*, if not in as large proportion, as any city in the Union. We have one in particular, who is a great curiosity. I have not seen him, but give this notice on the authority of a lady who professes to be acquainted with him. He is *blind* as to natural sight, but as a substitute possesses the gift of clairvoyance, and also the faculty of conveying to others a sort of mesmeric influence, which has a healing virtue. In his manipulations he brings his fingers in contact with the disordered parts, instead of keeping them at a small distance as practised by some other magnetizers. When he operates on parts affected with pain, there is a mutual transfer of sanative influence and of the pain. As the soothing and curative power passes into the diseased part, the disease (i. e. a portion of it) in the form of pain, leaves the patient and passes into the doctor. I am assured that he has been recently operating upon a lady here, professedly afflicted with cancer; and while the patient, at the close of each operation, expresses herself greatly relieved, the hand of the doctor becomes tormented with the fiercest pain, insomuch that he is obliged to grasp with his sound hand the wrist of the pained one with all his might, and to walk up and down the room, in some cases for 'two hours.' Who would not employ so disinterested a doctor?'

Filling Teeth.—A great deal of labor, mechanical tact and experience are required to fill a tooth so as to secure its preservation. Few dentists perform this operation in a proper and thorough manner, and hence it is that it so frequently fails to accomplish the object intended to be secured

by it. Although by far the most important, and at the same time the most difficult operation in dental surgery, it is performed by a large majority of practitioners in an exceedingly imperfect and bungling manner, and yet we cannot believe that all who fill teeth thus, are incapable of doing it better. We believe that many could perform the operation in a neater and more substantial manner, if they would bestow upon it six or eight times the amount of labor which they are accustomed to do. It is impossible for any one to fill properly fifteen or thirty, or forty cavities in teeth, a day, as many do. As a general rule, from an hour to an hour and a quarter constant, hard labor, is required to prepare a cavity in a tooth and fill it in a neat and durable manner. We often find it necessary to labor constantly three, and sometimes five hours upon a single filling; and it rarely happens that we can accomplish the operation to our own satisfaction in less than one hour.

An individual, calling himself a dentist, visited us a short time since, and in speaking of this operation remarked, that he frequently put in fifty fillings a day, and it is no uncommon thing to hear dentists speak of filling from twenty-five to thirty teeth a day. Now, such practitioners must be either ignorant of the manner of performing the operation or dishonest, and in either case ought not to be entrusted with the treatment of the diseases of organs so valuable as the human teeth; yet these men are often liberally patronized, and simply for the reason that they propose to operate for low prices, and promise, in their advertisements, to make their operations superior to those of other dentists. But even among practitioners of a much higher grade, the operation in question is not performed with the care its importance demands, and our object in calling attention to it at this time, is to notice the error with regard to the length of time required to insert a good filling, into which many seem to have fallen. We may at another time take occasion to speak of the manner of preparing the cavity, introducing the gold, and finishing the surface of the filling.—*American Journal of Dental Science.*

New York Medical Society.—A meeting of the County Medical Society of New York was held on Tuesday, October 13th, to consider the propriety of petitioning the Legislature to abolish all the laws relating to Medical Societies. Unusual pains were taken to get a full meeting of the Society, and an expression of deliberate opinion upon the novel and important proposition. At the hour of meeting a large number of members were assembled, Dr. Isaac Wood in the chair. The resolutions were introduced by Dr. A. Wright, who advocated them with great earnestness. The Society was afterwards addressed by Dr. Stearns (who gave some very interesting reminiscences of the doings of the County Medical Societies in other days, and of the good influence their establishment exerted upon the then condition of the profession), Drs. Manley, Sherwood, Childs, Beadle and others. The question was finally taken by yeas and nays, and the proposition negatived by a large majority. From this it appears that the profession are not prepared to abandon their present organization.—*The Annalist.*

A Case of Uncommon Acuteness of the Sense of Vision.—There is living in this region a young man of 23 or 24 years of age, who is reported

as being able to see with his natural eye *animalculæ* in common well and spring water. This faculty was noticed when he was some 15 or 16 years of age, by persons for whom he was at work, in consequence of his refusing very often to drink water handed to him, in which nothing could be discovered by common eyes. I made some experiments with him, enough to be satisfied that his case was no hoax; and did intend to have made more, but lost sight of him, and suppose he has left the neighborhood. His complexion is fair, temperament sanguine, eyes blue, less than the common size, with very small pupils.—Dr. J. Dawson, in *Western Journal of Medicine and Surgery.*

Comparison between deaths by Disease and in Battle.—The French army destined for Egypt, from the time of its departure from France, to the end of the year 1804, lost as follows:—Killed in battle, 3,614; died from wounds, 854; killed by various accidents, 290; died from disease, 4,157. Total, 8,915.

In the French expedition to the Morea, among 17,000 men, during 7 months, from the 1st September, 1828, to 1st April, 1829, 840 men died by disease alone, which would give an annual proportion of 84.6 in 1000.

In the official documents of the British army, published by Inspector-General H. Marshall, the losses of the British army in Spain, for a period of 41 months, from January, 1811, to May, 1814, in a force of 61,511, were 24,930 deaths by disease, and 8,889 in battle; being for the former, 118.6 in 1000, and for the latter, 42.4. Soldiers absent from their corps on account of disease, 225 in the 1000, reducing the army to one fourth of its effective strength. "But as British officers are accustomed to lead on their men to warfare, the mortality in battle was of course considerable." Sixty-six officers were killed in every 1000, in battle, and 37 died by disease.

In the four battles of Talavera, Salamanca, Vittoria and Waterloo, there were 39 officers killed in each 1000; and of soldiers and non-commissioned officers, 31.1 in the same number. And in the British navy, from January, 1780, to April, 1783, the deaths from various diseases were, 3,230 men; killed in battle, 640; and died of wounds, 500. Thus showing, that in the navy, as well as in the army, deaths by disease greatly exceed those by warfare.—*Dublin Quarterly Jour. of Med. Science.*

To Correspondents.—Dr. C. Hall's Essay on the Fevers of the Champlain valley has been received, and will have immediate attention.—Dr. R. K. Stone's paper on Artificial Pupil has also come to hand, and will be inserted immediately after the conclusion of the above, which will probably occupy parts of two Nos.

Married.—At Manchester, Dr. Moses P. Greenleaf, of West Newton, to Miss Susan M. Allen, of Manchester.

Died.—In Bladensburg, Maryland, Dr. Benj. Day, 49.—At Milton, Mass., Dr. S. W. Smedon, of Thomaston, Me.—At Chicago, Illinois, John H. Richards, M.D., of Dedham, Mass., 42.

Report of Deaths in Boston—for the week ending Nov. 7, 66.—Males, 33—females, 33.—Stillborn, 3. Of consumption, 15—typhus fever, 6—rheumatic fever, 1—lung fever, 1—scarlet fever, 1—brain fever, 2—disease of the heart, 1—croup, 2—disease of the lungs, 2—old age, 1—diarrhœa, 1—disease of the bowels, 1—inflammation of the lungs, 2—teething, 3—pleurisy, 1—intemperance, 1—scalds, 2—marasmus, 3—drowned, 2—dropsy on the brain, 4—erysipelas, 1—dropsy, 2—dropsy in the chest, 1—convulsions, 1—canker, 1—infantile, 3—tumor, 1—disease of the spine, 1—apoplexy, 1—cholera morbus, 1—debility, 1.

Under 5 years, 23—between 5 and 20 years, 5—between 20 and 40 years, 23—between 40 and 60 years, 11—over 60 years 4.

On a Simple Method of Protecting from Lightning, Buildings with Metallic Roofs. By Prof. Henry (from Proceedings of American Phil. Soc., June 20, 1845).—On the principle of electrical induction, houses thus covered are evidently more liable to be struck than those furnished either with shingle or tile. Fortunately, however, they admit of very simple means of perfect protection. It is evident, from well established principles of electrical action, that if the outside of a house were encased entirely in a coating of metal, the most violent discharge which might fall upon it from the clouds would pass silently to the earth without damaging the house, or endangering the inmates. It is also evident, that if the house be merely covered with a roof metal, without projecting chimneys, and this roof were put in metallic connection with the ground, the building would be perfectly protected. To make a protection, therefore, of this kind, the professor advises that the metallic roof be placed in connection with the ground by means of the tin or copper gutters which serve to lead the water from the roof to the earth. For this purpose, it is sufficient to solder to the lower end of the gutter a riband of sheet copper, two or three inches wide, surrounding it with charcoal, and continuing it out from the house until it terminates in moist ground. The upper ends of these gutters are generally soldered to the roof; but if they are not in metallic connection, the two should be joined by a slip of sheet copper. The only part of the house unprotected by this arrangement will be the chimneys; and in order to secure these, it will only be necessary to erect a short rod against the chimney, soldered at its lower end to the metal of the roof, and extending fifteen or twenty inches above the top of the flue.

Considerable discussion in late years has taken place in reference to the transmission of electricity along a conductor; whether it passes through the whole capacity of the rod, or is principally confined to the surface. From a series of experiments presented to the American Philosophical Society, by Professor Henry, on this subject, it appears that the electrical discharge passes, or tends to pass, principally at the surface; and as an ordinary sized house is commonly furnished with from two to four perpendicular gutters (generally two in front and two in the rear), the surface of these will be sufficient to conduct, silently, the most violent discharge which may fall from the clouds.—*American Journal of Science and Arts.*

Vitiated Air in Apartments. (L'Institut, No. 654, July 15, 1846, p. 240.)—M. Lassaigne has shown by a series of investigations, that contrary to a common opinion, the air in a room which has served for respiration without being renewed, contains carbonic acid alike in every part, above as well as below; the difference in proportion is but slight, and where appreciable, there is some reason to believe that the carbonic acid is in greater quantity in the upper parts of the room. These experiments establish the very important fact that all the air of a room must be changed in order to restore its purity. The plans sometimes resorted to, to draw off the air in the lower part of the room, or change this portion only by circulation, are wholly ineffectual as a means of ventilation.—*Ibid.*